Post-Deployment Medical Processing Checklist

ALL PERSONNEL

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ITEM	NOTES	DONE
1 Medical Debrief	Soldier receives medical threat debriefing. Medical threat debriefing materials can be obtained	
	at http://chppm-www.apgea.army.mil.	
2 Soldier Guide to	Soldier receives and reads "Soldier's Guide to Re-deployment". Guide is available at	
Redeployment	http://chppm-www.apgea.army.mil/deployment/Redeploy(SHG017-0502).pdf.	
3 Blood specimen.	Soldier gives a blood sample which will be submitted for HIV testing. Inform soldier that	
	blood specimen will be forwarded to the DoD Serum Repository.	
4 Tuberculosis Skin Test	Unless medically exempt, all soldiers will receive a tuberculosis skin test and have results read	
	at the time of redeployment. Refer soldiers with positive results for further evaluation IAW	
	CDC guidelines. Advise soldiers with negative results they will require a repeat skin test at 90	
	days post-deployment.	
5 Terminal Malaria	If on malaria chemoprophylaxis during deployment, continue same medication for four more	
Medication	weeks (ie, doxycycline 100 mg daily for 28 days or mefloquine 250 mg once weekly for 4	
	weeks). For those receiving doxycycline or mefloquine, also administer primaquine 15 mg daily	
	for 14 days.	
6 Soldier Completes DD	If not completed prior to redeployment, all soldiers will complete the POST-DEPLOYMENT	
Form 2796	HEALTH ASSESSMENT (DD Form 2796).	
7 Medical Examination	Face-to-face medical encounter with a provider (ie, physician, physician assistant, nurse	
	practitioner, or independent duty corpsman/medical technician). During the encouter, provider	
	will review any medical documentation generated during the deployment and complete the	
	following specific tasks:	
1	Review and discuss soldier's responses on the post-deployment health assessment form (DD	
	Form 2796).	
	Review mental health or psychosocial issues commonly associated with deployments.	
3	Document any deployment-related medications taken during the deployment (e.g.,	
	pyridostigmine bromide (PB) tablets, malaria medications, other) on the DD Form 2796.	
4	Document soldier's concerns about possible environmental/occupational exposures on the DD	
	Form 2796.	
8 Provider initiates	Based on medical examination, provider determines need for and initiates referrals. Follow	
referrals, as needed	guidance in the Deployment Health Clinical Practice Guideline (see http://www.pdhealth.mil/).	
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9 Document visit with	Assessment visit will be documented using ICD code V70.5-6 (for additional information go to	
ICD code V70.5-6	http://www.pdhealth.mil/).	
10 Provider signs DD	Completion of DD Form 2796 includes signature of the soldier and the health care provider.	
Form 2796	The original DD Form 2796 will be filed in the soldier's health record and a copy (paper or	
11 Intermets DD France	electronic) will be sent to the Army Medical Surveillance Activity within 30 days of returning to	
11 Integrate DD Form	Integrate the ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET (DD Form 2766)	
2766 into Health	and all documents included (ie, generated during the deployment) into the individual's health	
Record	record.	

RC PERSONNEL ONLY (in addition to items for ALL PERSONNEL above)

1	Medical benefit /	Assure each soldier receives a medical benefit / entitlement brief	
	entitlement brief		
2	Soldier completes	All personnel being Released From Active Duty (REFRAD) must complete the	
	DD Form 2697	MEDICAL ASSESSMENT, DD Form 2697.	
3	Health record review	Provider reviews DD Form 2697 and other medical documentation as appropriate to	
		identify existing health problems which require additiona follow-up.	
4	Soldier requests a	RC personnel have option to request a medical examination prior to REFRAD.	
	medical exam?		
5	Complete Medical	Complete medical out-processing per local SOP.	
	Out-processing		
6	LOD required?	Determine if Line of Duty (LOD) determination is required. Initiate LOD determination,	
7	ADME requirements	Determine if Active Duty Medical Extension is required Yes No	
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